



## O2 PROTOCOL

### CLINICAL SIGNS OF HYPOXEMIA:

TACHYCARDIA, TACHYPNEA, CYANOSIS  
DIAPHORESIS, DECREASED SENSORIUM  
SOB, SAO2 LESS THAN 92%, PaO2 LESS  
THAN 60, CONSIDER LOW HEMOGLOBIN,  
SaO2 LESS THAN 95% IN PEDIATRIC  
POPULATION

### INDICATIONS FOR O2 THERAPY:

COPD, PULMONARY EMBOLUS, ASPIRATION  
PNEUMONITIS, NEAR DROWNING, ASTHMA,  
PNEUMONIA, HEART CONDITIONS, CHEST  
TRAUMA, HEPATIT FAILURE, PANCREATITIS,  
SHOCK, CO POISONING, ACUTE MI, CABG  
POST OP, MD ORDER, HYPOXIA/HYPOXEMIA

**PATIENTS WHO USE OXYGEN AT HOME ARE TO BE WEANED PER PROTOCOL TO HOME O2 LEVEL AT WHICH TIME PROTOCOL IS TO BE DISCONTINUED.**

### GUIDELINES

If SaO2 less than 92% on room air and/or PaO2 less than 60 on room air, place patient on minimal level O2 and titrate to maintain saturation of 92% or more

If Saturation is 92% or greater, and there are not admitted with cardiac issue, no O2 is indicated.

If patient presents with acute MI, CHF, Angina, or heart catheterization, initiate O2 Protocol place patient on minimal O2 regardless of saturation.

Patients on ventilator will have O2 weaned per protocol to maintain O2 saturation of 92% or greater or PaO2 of 60 or more. Patient will have O2 Protocol continue upon extubation and titrated to nasal cannula at minimal level.

### PROTOCOL

1. Reassess daily on 7-3 shift. Place the patient on room air and observe saturation \*\* Patients with ACUTE signs/symptoms are exempt from room air with initial reassessment\*\*
2. If Patient is able to maintain SaO2 of 92% or greater on room air with no clinical signs and symptoms of hypoxia, discontinue O2.. \*\* Patients with ACUTE signs/symptoms are exempt from room air with initial reassessment\*\*
3. If patient is unable to maintain SaO2 of 92% on room air, OR has clinical signs and symptoms of hypoxemia, continue O2 per protocol (maintaining O2 saturation of 92% or more) and reassess daily (on 7-3 shift)

**OXYGEN DISCONTINUED PER PROTOCOL MAY BE REINSTITUTED WITH EITHER ORDER OR CHANGE IN PATIENT CONDITION. MD NOTIFICATION REQUIRED FOR O2 RESUMED PER PROTOCOL DUE TO CHANGE IN PATIENT CONDITION.**

\*WEAN FIO2 DURING MECHANICAL VENTILATION/IMMEDIATE POST EXTUBATION MAINTAINING 92% SAT/PaO2 MORE THAN 60 FOR ADULTS OR 95% FOR PEDIATRIC PATIENTS

\* PEDIATRIC POPULATION IS TO HAVE SaO2 MAINTAINED AT 95% OR GREATER PER PROTOCOL

\* NOTIFY MD AND/OR SOCIAL SERVICE OF PATIENTS NEARING DISCHARGE WHO ARE OXYGEN DEPENDENT.

\* PHYSICIAN NOTIFICATION REQUIRED FOR ANY INCREASE OF 20% OR GREATER TO MAINTAIN SaO2

